

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02854

CERTIFICATE OF DEATH

Reg. Dist. No. 190

64

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County... *Howard*City or town... *Elkridge*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *Life*Hospital, Institution, or street address where death occurred: *St Stephens*

How long in hospital or institution?

3. (a) FULL NAME

Brenda Louise Blackston

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Col Single

B. (b) Name of husband or wife

8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) *Feb 17 - 1948*

8. AGE:

Years

Months

Days

If less than one day

16 hrs. min.

9. Birthplace

Elkridge Md

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

12. Name *Edward Pearson*13. Birthplace *Md*14. Maiden name *Emma Elizabeth Blackston*15. Birthplace *Elkridge Md*16. Informant *Emma E. Blackston (mother)*Address *Box 301 Elkridge 27 md*17. Burial Date thereof *3/15/48*

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory *Blackston Cemetery*Location *St Stephens, Elkridge Md*18. Funeral director *None employed*

Address

19. *March 4 48 Miss Ed Williams*
(Date rec'd by registrar) *19*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... *Md*County... *Howard*

City or town

Elkridge

Street No.

St Stephens

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH *March 4 1948*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*March 17 1948 to March 4 1948*and that I last saw her alive on *March 3 1948*

Immediate cause of death

status Thymus
Lynn Platins

DURATION

1 da

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

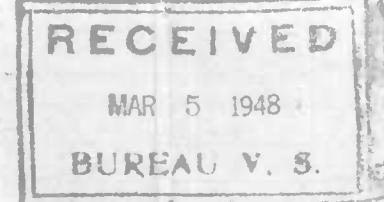
Injured at work?

23. SIGNATURE *B. P. Blackston*

M. D. or other

Address *Elkridge Md*Date signed *3/14/48*

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

180
02855

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County

City or town

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

3. (a) FULL NAME

4. Sex

William Larry Blackstone

5. Color or race

6. (a) Single, married, widowed, or divorced

M

C

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Aug 17 1946

8. AGE:

Years

Months

Days

If less than one day

1

6

23

hrs.

min.

9. Birthplace

Elkridge Md

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

Wm Wesley Blackstone

12. Name

Md

13. Birthplace

Sadie V. Barker

14. Maiden name

Md

15. Birthplace

Sadie Blackstone

16. Informant

Ellicott City Md

Address

Burial

Date thereof 3-12-48

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Blackstone

Location

Ellicott City Md

18. Funeral director

F.C. Hegenbotham

Address

Ellicott City Md

19. Date rec'd by registrar

March 12 48

(mis)st. Bird Village Local

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Howard

City or town

Elkridge

Ward No.

Street No.

St Stephens

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 10 48 3P M

21. CERTIFY that death occurred on the date above stated, that I attended deceased from

March 10 48 March 10 48
and that I last saw him alive on at no time

Immediate cause of death

Incineration

DURATION

10 min

Due to

Conflagration

Due to

-

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

If operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home

Means of Injury

House burned

Injured at work

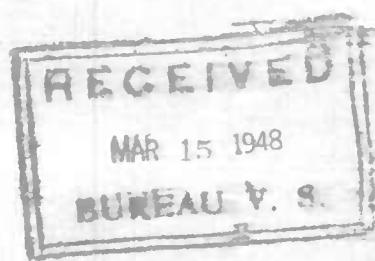
23. SIGNATURE

DEPT. OF MEDICAL EXAMINER OF MONTGOMERY COUNTY M. D. or other

Address

Ellicott City Md

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02856

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age.
is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

Reg. Dist. No. 19.1

1. PLACE OF DEATH:

County... Howard

City or town... Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Walter G. Brian

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Married

6. (b) Name of husband or wife... Anna G. Brian

7. Birth date of deceased (mo. day. yr.) September 12, 1875

8. AGE: Years	Months	Days	If less than one day
72	6	13	hrs. min.

9. Birthplace... Ellicott City, Md.
(Town, county, and state)

10. Usual occupation... Retired

11. Industry or business

12. Name... William Brian

13. Birthplace... Md

14. Maiden name... Mary Jane Benoy

15. Birthplace... Md

16. Informant... Anna G. Brian

Address... Ellicott City, Md.

17. Burial... Date thereof... 3-29-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... St. Johns

Location... Ellicott City, Md.

18. Funeral director... F. C. Higinbotham

Address... Ellicott City, Md.

19. Death 28.1948
(Date rec'd by registrar)John B. Longman
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Howard

City or town... Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

Street No... Court Ave

(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (b) Social Security Number

215-10-7804

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 25, 1948 19. 4.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-12 1948 to 3-25 1948

and that I last saw him alive on 3-25 1948

Immediate cause of death...

Carcinoma of Prostate 1 yr

DURATION

Due to...

Due to...

Other conditions... Metastasis to Pelvic bones

(Include pregnancy within 3 months of death)

Major findings of operations... none

Date of op...

Autopsy results... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

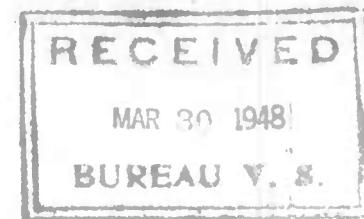
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... George E. Burroughs M. D. or other

Address... Ellicott City, Md. Date signed 3-26-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02857
93d

CERTIFICATE OF DEATH

Reg. Dist. No.

195

1. PLACE OF DEATH:

County.....

City or town.....

Howard

Near Waterloo

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

34 yrs

Washington Blvd.

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife.....

Katherine M. Brossenne

7. Birth date of deceased (mo., day, yr.).....

62 years

7. If alive, give age.....

deceased (mo., day, yr.) July 16, 1875

8. AGE: Years Months Days If less than one day

72 8 2 hrs. min.

9. Birthplace.....

(Town, county, and state) Howard Co., Md.

10. Usual occupation.....

Insurance Agent

11. Industry or business.....

Insurance

12. Name.....

Henry Brossenne

13. Birthplace.....

Maryland

14. Maiden name.....

Emma Stein

15. Birthplace.....

Maryland

16. Informant.....

Mrs. Katherine M. Brossenne

Address.....

Jesup P. O. Md.

17. Burial, cremation, or removal (which?).....

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

St. John's Cemetery

Location.....

Ellicott City Md.

18. Funeral director.....

Easton Son

Address.....

Ellicott City, Md.

19. (Date rec'd by registrar).....

3/20/48

Frank Shigley

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Howard

City or town..... Near Waterloo

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Washington Blvd

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Mar 18 1948 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 17 1948 to Mar 18 1948

and that I last saw him alive on Mar 18 1948

Immediate cause of death..... Coronary Thrombosis DURATION

4 hrs.

Due to..... Chr. Myocarditis 15 yrs.

Due to..... Ulcerative Colitis - 15 yrs.

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Post mortem results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

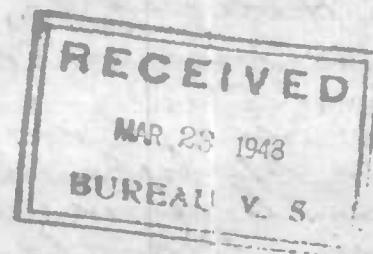
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Frank Shigley M.D. or other

Address..... Savage, Md. Date signed 3/20/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

48b 02858

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

5437 Race Road

How long in hospital or institution?

3. (a) FULL NAME

Rosa Etta Brown (Rosetta)

4. Sex

Female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Frank Brown

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo. day, yr.)

July 27 1887

8. AGE:

Years

Months

Days

If less than one day

60

7

9

hrs.

min.

9. Birthplace

Hanover Md Co Md

(Town, county, and state)

10. Usual occupation

Domestic

House wife

11. Industry or business

Charles T. Woodward

12. Name

Hanover Md

13. Birthplace

Sarah Smith

Postscriptum and

14. Maiden name

Frank Brown

15. Birthplace

5437 Race Rd Elkhridge

16. Informant

Elkhridge Md

Address

Date thereof

17. (Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Location

Bally

Gates B. Snijgo

18. Funeral director

Address

19. (Date rec'd by registrar)

3 - 10 1948

Registrars

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Howard

City or town

Elkhridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

5437

Race Road

(If rural, give LOCATION)

2.(a) If veteran, name war

none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 7 1948 at 7:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1947 to March 7 1948

and that I last saw her alive on March 6 1948

Immediate cause of death

Carcinoma of uterus
to General carcinomatosisDue to Myocardial
DiseaseDue to Second degree
Atrial fibrillation

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma of uterus

Date of op.

January 1947

Autopsy results

Inoperable

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

B.B. Smolburgh M. D. or other

Address Elkhridge Md Date signed 3/17/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61
02859

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

40 yrs

Hospital, Institution, or street address where death occurred:

London ave, Farwood

How long in hospital or institution?.....

3. (a) FULL NAME

Walter Conser

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male white married

6.(b) Name of husband or wife.....

Elizabeth Eva CONSER

7. Birth date of deceased (mo., day, yr.)

8.(c) If alive, give age.....

years

Mar 19 1888

8. AGE:

Years

Months

Days

It less than one day

67

0

8

.hrs.

min.

9. Birthplace.....

(Town, county, and state)

Baltimore City Md

10. Usual occupation.....

Manager

11. Industry or business

Hardware Store

12. Name.....

Carlton Conser

13. Birthplace

Carlisle Pa.

14. Maiden name.....

Mary Waller

15. Birthplace

Baltimore City

16. Informant.....

Mrs Elizabeth Conser

Address

Elkridge 27 MD 270

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory

MEADOWRIDGE MEMORIAL CEM.

Location.....

Howard Co. MD

Wm. J. Tigner & Sons

18. Funeral director.....

Baltimore MD

Address

3/29 8A

19. (Date rec'd by registrar)

19. (Date signed)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

Howard

City or town.....

County.....

Elkridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

County.....

Lowdon ave, Farwood Plk

2.(a) If veteran, name war.....

3. (b) Social Security Number

213-01-1364

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Mar 27 1948 at 8:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 19 47 to March 19 48

and that I last saw him alive on March 26 1948

Immediate cause of death.....

Myocardial

cardiac affections

Due to.....

Decomposition

and arteriosclerosis

Due to.....

Diabetes mellitus

and arteriosclerosis

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

G. B. Brumbaugh M.D. or other

Address..... Elkridge Aug 3/27/48 Date signed.....

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02860

83a

CERTIFICATE OF DEATH

Reg. Dist. No.

193

1. PLACE OF DEATH: Howard
 County
 City or town Watersville
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Watersville
(If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural ---Mt. Airy
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

LLOYD WESLEY GRIMM

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married
Margaret A. Grimm		

6.(b) Name of husband or wife
 Margaret A. Grimm
 6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1857

8. AGE: Years Months Days If less than one day
 91 2 7 hrs. min.

9. Birthplace Howard Co. Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Mahlon Grimm
 12. Name Mahlon Grimm

MOTHER FATHER
 13. Birthplace Maryland

14. Maiden name Ruth E. Gosnell
 15. Birthplace Maryland

Mrs. Margaret A. Grimm
 16. Informant Mt. Airy, Md.

Address Mt. Airy, Md.
 17. Burial 3-31-48
(Burial, cremation, removal, etc.) Date thereof (month) (day) (year)

Cemetery Morgan Chapel
 Location Woodbine, Carroll Co., Md.

18. Funeral director C. M. Waltz
 Address Winfield, Md.

19. Date rec'd by registrar 3/30/48
 (Date rec'd by registrar) *E. Paul Francis*
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1948 19 at 6.55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 March 16, 1948 19 to March 28, 1948 19.
 and that I last saw him alive on March 28, 1948. 19.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-sclerosis and
 Hypertension

Due to Other conditions (Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. Autopsy results none

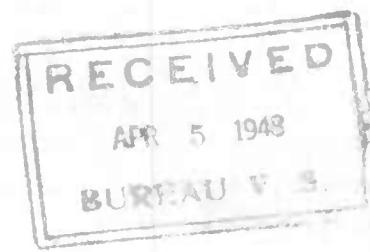
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Injured at work?

Means of injury Signature *J. Stanley Grabill*
 M. D. or other

Address Mt. Airy, Md. Date signed 3/28/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02861

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

County: Howard
 City or town: Clarksville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John T. Johnson

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	Widower

6. (b) Name of husband or wife: Lillie D. Johnson

7. Birth date of deceased (mo. day yr.) April 15, 1888
 8. (e) If alive, give age years

8. AGE: Years	Months	Days	If less than one day
59	10	17	hrs. min.

9. Birthplace: Howard County, Md.
 (Town, County, and state)

10. Usual occupation: Farmer

11. Industry or business

12. Name	Samuel Johnson
13. Birthplace	Md

14. Maiden name	Ellen Dorsey
15. Birthplace	Md

16. Interment	Harold Johnson
Address	Clarksville, Md

17. Burial	Bale thereof	3-5-48
(Burial, cremation, or removal: Which?)	(Month) (day) (year)	

Cemetery or crematory	Hopkins Chapel
Location	Highland Md.

18. Funeral director	F.C. Higinbotham
Address	Ellicott City, Md

19. Date reg'd by registrar	3/4	1948	Mari G. Whitaker Registrar
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2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Howard
 City or town: Clarksville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: Shepherds Lane
 (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH:

March 2 1948 1 20 PM
 Feb 18 1946 to March 2 1948
 and that I last saw him alive on March 1 1948

Immediate cause of death:

Coronary artery occlusion

DURATION

30 mins

Due to:

Due to:

Other conditions: Arteriosclerotic heart disease & 23 mos hypertension & angina pectoris
 (Include pregnancy within 3 months of death)

Major findings or operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE: Charles S. Whisnahan M.D. or other

Address: Clarksville, Md. Date signed: 3-4-48

RECEIVED

MAR 6 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

I PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

Evidence for change of age
shown on: BALTIMORE CITY HEALTH DEPARTMENT
FILM NO. G 115 APR 27 1948 CERTIFICATE OF DEATH

166
12262
Registered No.

1. PLACE OF DEATH:
 (a) Baltimore City, Maryland
 (b) Street address Whiskey Bottom Rd.
 (c) Hospital or institution Howard Co., Md.
 (d) Length of stay in hospital or inst. (yrs., mos., or days)
 (e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State M.D. (b) County
 (c) City or town Baltimore
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. 823 N. E. 1st St.
 (If rural give location)
 (e) Citizen of foreign country? Yes or No
 If yes, name country

3 (a) FULL NAME

Hunter C. LEWIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
----------------------------	-----------------------------------

4. Sex <u>m</u>	5. Color or race <u>w</u>	6 (a) Single, married, widowed, or divorced. <u>Married</u>
-----------------	---------------------------	---

6 (b) Name of husband or wife Leona Sands.
 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1902

8. AGE: Years <u>45</u>	Months <u>4</u>	Days	If less than one day hr. min.
-------------------------	-----------------	------	-------------------------------

9. Birthplace Balt. Maryland
 (Town, county, and state)10. Usual Occupation Unknown11. Industry or business Unknown12. Name John H. Lewis13. Birthplace Balt. Md.14. Maiden Name Catherine Reynolds15. Birthplace Balt. Md.16 (a) Informant Mrs James Ralfe(b) Address Box 215 B. Chestnut Rd. Balt.17 (a) Burial Burial (b) Date thereof 3-11-48
 (Burial, cremation, or removal) (month) (day) (year)(c) Cemetery or crematory Baltimore
 Location North Ave.18 (a) Funeral director John G. Moran(b) Address 3000 E. Balt. St.19 (a) 3-11-48 (b) D. K. Lewis
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1948, at 6 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry

by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Hemorrhage from bullet-wound
 of left lung.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary or contributing cause of death, fill in the following:

(a) Date of injury..... at..... M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury.

23. Signature George G. Moran M.D.
 Medical Examiner.Date signed 3/10/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

195d

02863

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLACE OF DEATH:

County... HowardCity or town... Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Wendy Breen Lewis

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

FWSingle

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo. day yr.)

Dec 30, 1947

8. AGE: Years

Months

Days

If less than one day

2

8

hrs.

min.

9. Birthplace

Maine Apopka, Minn

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER	12. Name	<u>Roger A Lewis</u>	{ Adopted
	13. Birthplace	<u>Maryland</u>	
	14. Maiden name	<u>Phila Edelman</u>	Parents
	15. Birthplace	<u>Maryland</u>	

16. Informant Roger A LewisAddress College Ave Ellicott City Md
17. Burial Burial Date thereof March 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Good Shepherd
Location Ellicott City Md18. Funeral director H. H. Hightower
Address Ellicott City Md19. Death certificate March 9, 1948 John B. Loughran
(Date rec'd by registrar) John B. Loughran
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town... Ellicott City (If outside city or town limits, write RURAL and give nearest town)Street No. College Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 9, 1948 at 3 P.M.21. I CERTIFY that death occurred on the date above stated; I have attended deceased from March 8, 1948 to March 9, 1948 and that I last saw her alive on at no time.

Immediate cause of death

AsphyxiaInpiration of mucus

DURATION

10 min

Due to

Inhalation of mucus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

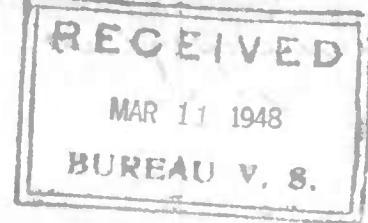
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Ellicott Date of 3-8-48
Where did injury occur? Ellicott City Howard Md (City or town) (County) (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury Inhalation of mucus Injured at work? NoSignature Alpha H. Horbert M.D.

Title MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address Ellicott City Md Date signed 3-8-48



MARGIN RESERVED FOR BINDING

M
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02864

1. PLACE OF DEATH

County HowardVillage or City SavageLength of residence in city or town where death occurred 7 1/2 yrs. mos. ds. No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

830^a
195

Registration Dist. No.

2. FULL NAME

Pauline F. Martin

If U. S. Veteran, specify WAR

(a) Residence: No.

Savage Md

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCharles Martin

6. DATE OF BIRTH (month, day, and year)

Feb 22, 1877
71 Years 0 Months 20 DaysIf LESS than
1 day, ____ hrs.
or ____ min.

7. AGE

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)13. NAME Franklin Fisher14. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country)15. MARION NAME Elizabeth Haslup16. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country)17. INFORMANT Mary William Dwyer
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place Savage Date Mar. 16, 194819. UNDERTAKER Ridgley Selly
(Address) 441 Ridge Ave. Laurel Md20. FILED 3/15/48 Frank Shuler
(Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 13^a, 1948
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

March 1^a, 1948 to March 13, 1948. I last saw her alive on March 13, 1948; death is said to have occurred on the date stated above, at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Haemorrhage
with Hemiplegia Date of onset
12 hrs.

Other Contributory Causes of importance:

Hypertension & Generalized
Aterio-sclerosis 3 yrs.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) _____ M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	RECEIVED 1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02865

CERTIFICATE OF DEATH

Reg. Dist. No... 199

1. PLACE OF DEATH:

County.....

Howard

City or town.....

Daisy

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

51 yrs.

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Americus Addison E. Mullinix

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male White Widowed

6.(b) Name of husband or wife.....

Barbara B. Mullinix

7. Birth date of deceased (mo., day, yr.)

deceased

6.(c) If alive, give age years

Aug 29, 1864

8. AGE:

Years
83Months
6Days
15If less than one day
hrs. min.

9. Birthplace.....

Montgomery Co. Md.

(Town, County, and state)

10. Usual occupation.....

Farmer (retired)

11. Industry or business

John T. Mullinix

12. Name.....

Maryland

13. Birthplace.....

14. Maiden name.....

Emily T. Purdon

15. Birthplace.....

Maryland

16. Informant.....

Miss Marie Mullinix

Address

Woodbine, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof
(month) (day) (year)
3-16-48

Cemetery or crematory.....

Howard Chapel

Location.....

Long Corner, Howard Co. Md.

C. M. Waltz

18. Funeral director.....

Wingfield, Md.

Address

19. 2/15/48
(Date rec'd by registrar)

4/9

E. Pearl Morris

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Howard

City or town..... Daisy (If outside city or town limits, write RURAL and give nearest town)

Street No..... P.O. Woodbine (If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 14, 1948

19.

at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 12, 1948, 19. to March 14, 19. 48

and that I last saw him alive on March 14, 19. 48

Immediate cause of death.....

Hemiplegia (left)

DURATION

2 da

Due to..... Cardio-Vascular, hypertensive ?yrs.

?yrs.

Due to.....

Other conditions..... Diabetes Melitus

4 yrs

(Include pregnancy within 8 months of death)

Major findings or operations..... none

Date of op.

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

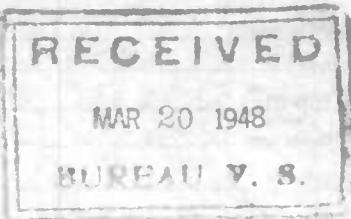
Stanley Grabill

M. D. subscriber

Address..... Mt. Airy, Md.

Date signed..... 3/15/48

DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CERTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02865
180

CERTIFICATE OF DEATH

Reg. Dist. No.....

M
I
VS A15 9-45-15M
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County..... Howard County

City or town..... Dorsay
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Carl Richnow

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife..... Caroline Richnow

7. Birth date of deceased (mo., day, yr.)..... Dost know (1857)
8. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
96. hrs. min.

9. Birthplace..... Germany
(Town, county, and state) Dost know

10. Usual occupation..... Retired.

11. Industry or business

12. Name..... Dost know

13. Birthplace..... Germany

14. Maiden name..... Dost know

15. Birthplace..... Germany

16. Informant..... Mrs. Katherine Radke

Address..... 2809 Orleans St

17. Burial Date thereof (month) (day) (year)
(Burial, cremation, or removal, Which?) Cemetery or crematory

Location..... City

18. Funeral director..... Leinrich Funeral Home

Address..... 2008 Orleans St

19. 3-22-48 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Md. County..... Howard

City or town..... Dorsay
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 48 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 48 19 to March 20 48 19 and that I last saw him alive on at no time

Immediate cause of death

Suffocation

Due to Fire in room

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? Dorsay Howard Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Fire Injured at work?

Alpha n Herbert M4

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other

Address..... Ellicott City Md Date signed 3-21-48

Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02867

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 190

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White Widower

6. (b) Name of husband or wife

Laura May Ray

Ridgely

7. Birth date of deceased (mo., day, yr.)

May 31, 1872

8. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

75

9

15

hrs.

min.

8. Birthplace: Glenelg Howard Co. Md.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FARMER

Retired

12. Name

Charles Wilbert Ridgely

13. Birthplace

Howard Co. Md.

14. Maiden name

Sarah Elizabeth Ridgely

15. Birthplace

Howard Co. Md.

16. Informant

Miss Mabel O. Ridgely

Address

Ellicott City R. F. D. #2

Burial

Mt.view Cemetery

Cemetery or crematory

Slacks Corner, Md.

Location

Easton's Sons

18. Funeral director

Ellicott City

Md.

Address

March 19 1948 Alice Dr Hobbs

(Date rec'd by registrar)

Register

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County Howard

City or town

Mayfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Ellicott City R. F. D. #2

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 15, 1948 at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 13 1948 to March 15 1948

and that I last saw him alive on March 15 1948

Immediate cause of death

Heart cardiac failure

DURATION

3 days

Due to chronic myocarditis

10 years

Due to

Other conditions

(Exclude pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

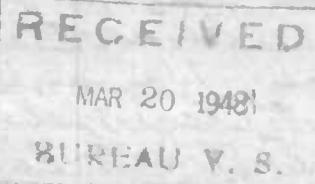
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.

M. D. or other

Address: Clarksville, Md. Date signed: 3-16-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02868

CERTIFICATE OF DEATH

92e
Reg. Date. No.

195

1. PLACE OF DEATH:

County... Howard

City or town... Scaggsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Georgiana Scagg

4. Sex F 5. Color or race W Widowed

6. (b) Name of husband or wife William Scagg

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1865

8. AGE: Years 82 Months 5 Days 2 If less than one day hrs. min.

9. Birthplace Laurel, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name of father Thomas Coon

13. Birthplace Virginia

14. Maiden name Georgiana Charles

15. Birthplace Maryland

16. Informant Thomas Coon

Address Laurel, Md.

17. Burial Date thereof May 13, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Emmanuel Cem.

Location Scaggsville, Md.

18. Funeral director Dr. Wm. Donaldson

Address Laurel, Md.

19. (Date rec'd by registrar) 3/4/48

(Date rec'd by registrar) 3/4/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Howard

City or town Scaggsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

3/10 1948 at 89

and that I last saw her alive on 3/9 - 1948

Immediate cause of death

Myocarditis
Endocarditis - Capillary Block

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

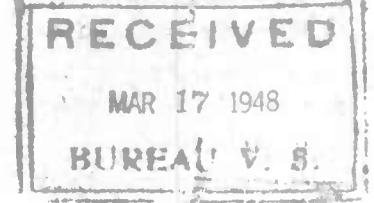
Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02869

93d

Reg. Dist. No. 191

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Howard

City or town Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Emily Thompson

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F

W

Widow

6.(b) Name of husband or wife Wm F. Thompson

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) April 3, 1857

8. AGE: Years 90 Months 11 Days 14 If less than one day hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Thomas Murphy

13. Birthplace Va.

14. Maiden name Eliza Lilly

15. Birthplace Va.

16. Informant Wm F. Thompson

Address Ellicott City, Md

17. Burial Date thereof 3-20-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Trinity Cem.

Location Pfieffers Corner Md

18. Funeral director F.C. Higinbotham
Address Ellicott City, Md.19. Death 20, 1948
(Date rec'd by registrar) John D. Longman
P.M. B.E. S. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant give residence of mother)

State Maryland

County Howard

City or town Ellicott City

(If outside city or town limits, write RURAL and give nearest town)

Street No. Edmonson Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 1948 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-27 1948 to 3-17 1948

and that I last saw her alive on 3-17 1948

Immediate cause of death

Arteriosclerotic Cardiovascular Disease

DURATION

5 yrs.

Due to

Died to

Other conditions

gangrene of feet

3 weeks

(Includes pregnancy within 3 months of death)

Major findings of operations none

Data of op.

Ante-mortem results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE George E. Bevington M.D. or other

Address Ellicott City, Md. Date signed 3-18-48

RECEIVED
MAR 23 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02870

Reg. Dist. No. 190

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

Howard
St. Stephens Elkridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Florence E Jones Wilson

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F

C.

Widow

6.(b) Name of husband or wife

Lloyd Wilson

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Jan 22, 1893

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Elkridge Md

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Wm H Jones

12. Name

MOTHER FATHER

13. Birthplace

Md.

14. Maiden name

Emma Miller

15. Birthplace

Md.

16. Informant

Harriett E Morgan

Address

Laurel Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 312-48

(month) (day) (year)

Cemetery or crematory

James Chapel

Location

Elkridge Md

18. Funeral director

R C Hyndman

Address

Chelton City Md

19. March 12 1948 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Md Howard

City or town

Elkridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

St. Stephens

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 10 1948 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated: That I attended deceased from

March 10 1948 to March 10 1948

and that I last saw h. m. alive on at m time

Immediate cause of death

Exsanguination

DURATION

10 min

Due to

Congestion

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

At home

Means of injury

House burned

Injured at work? No

23. SIGNATURE

DEPT. OF MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address Alpha M Herbert Jr

Date signed

3-10-48

